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DECLARATION

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AND POWER OF ATTORNEY ALL PATENTS, INCLUDING DESIGNATION U.S.A. FOR APPLICATION BASED ON PCT; PARIS CO NON PRIORITY; OR PROVISIONAL APPLICATIONS As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the origin first and sole Inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subj malter which is claimed and for which patent is sought on the invention entitled: 101 for generation of microwaves filed PCT International Application No. which is described and claimed in: the specification in application Serial No. the attached specification (if applicable) and amended on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Tille 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below as foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: **Priority Claimed** Prior Foreign Application(s) Sweden 01-06-06 0601209-0 (Day/Month/Year Filed) (Country) (Number) (Day/Month/Year Filed) (Country) (Number) (Day/Month/Year Filed) (Country) (Number) I hereby claim the benefit under Title 35, United States Code,§119(e) of any United States provisional application(s) listed below: Filing Date Application No. Filing Date Application No. I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, Insofar as the subject matter of each of the claims of this application is no disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is materia patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of t application: (Status: patented, pending, abandoned) (Filing Date) (Application Serial No.) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MAR R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM É. PLAY (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772) DIRECT TELEPHONE CALLS TO: SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 (please use Attorney's Docket No.) (202) 638-6666 JACOBSON HOLMAN JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004 *Inventor(s) name must include at least one unabbreviated first or middle name. MIDDLE NAME GIVEN NAME FAMILY NAME **FULL NAME *** Fredrik OF INVENTOR Olsson COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & Sweden Sweden Orebro **CITIZENSHIP** STATE OR COUNTRY ZIP CODE CITY POST OFFICE ADDRESS POST OFFICE 5-70357 Örebro Trängkårsvägen 57 **ADDRESS** Sweden MIDDLE NAME GIVEN NAME FAMILY NAME **FULL NAME *** Magnus Karlsson OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY Karlskoga Sweden Sweden **CITIZENSHIP** STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS CITY POST OFFICE 5-69152 Kariskoga Brickegårdsvägen 24 **ADDRESS** Sweden MIDDLE NAME GIVEN NAME **FULL NAME *** FAMILY NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY CITIZENSHIP ZIP CODE STATE OR COUNTRY CITY POST OFFICE ADDRESS POST OFFICE **ADDRESS** I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that it statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment or both, under section 1001 of Title 18 United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 203* SIGNATURE OF INVENTOR 202* SIGNATURE OF INVENTOR 201* DATE DATE 2007 06 26 2007062

Additional inventors are named on separately numbered sheets attached hereto.